

May 11, 2010

SUBJECT:

**Los Angeles County Board of Supervisors** 

Gloria Molina

TO: **Each Supervisor** 

First District

John F. Schunhoff, Ph.D. 4 FROM:

Mark Ridley-Thomas Second District

Interim Director

REVISED REIMBURSEMENT RATES FOR PHYSICIAN

**SERVICES FOR INDIGENTS PROGRAM (PSIP)** 

Zev Yaroslavsky Third District

> Don Knabe Fourth District

Michael D. Antonovich Fifth District On February 16, 2010, your Board authorized the Interim Director of Health Services (DHS) to reduce the initial reimbursement rate for PSIP to 18% of the Official County Fee Schedule (OCFS) for Fiscal Year (FY) 2009-10 and offer revised emergency physician services agreements for FY 2009-10 to eligible non-County physicians providing emergency services at non-County emergency hospitals. In addition, your Board instructed DHS to rapidly pay the backlog of frozen claims; and to report progress weekly until the backlog is gone.

Following Board approval of the FY 2009-10 reimbursement rates on February 16, 2010, the enrollment packets were updated and made available to all eligible

John F. Schunhoff, Ph.D. Interim Director

Gail V. Anderson, Jr., MD Interim Chief Medical Officer

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PSIP ENROLLMENT AND CLAIMS PROCESSING CURRENT STATUS

physicians on February 17, 2010. Physicians can now submit claims for dates of service beginning in July 2009. Since the program requires that providers attempt to identify other sources of payment for 90 days prior to billing the County, services provided during the last 90 days are not yet billable to the program. The Emergency Medical Services Agency is working with the County's contracted claims adjudicator, American Insurance Administrators (AIA), to expedite the enrollment process. As of May 7, 2010, 3,355 providers have enrolled, which represents more than two thirds of the number of providers expected to participate in the program based on historical data. We have received 181,512 claims, with new claims coming in daily. Of these

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claims, 103,883 have been validated and paid; 28,914 have been rejected. The most common reasons for rejected claims are incorrect billing or ineligible patients (patients with potential Medi-Cal); providers may correct and resubmit these claims for processing. We will continue to expeditiously process all validated claims.

To improve health through leadership, service and education.

## **REVIEW OF THE PSIP PROGRAM POLICIES**

The Auditor Controller's Office is proceeding with the PSIP review and has interviewed or met with HSA Fiscal Services, EMS Agency Administration and AIA staff to discuss the program's current policies and procedures.

I will keep you informed about the ongoing enrollment and claims payment process. In the meantime, if you have any questions, please contact me or Carol Meyer, Chief Network Officer at (213) 240-8370.

JFS:cc 1002:005

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C: Executive Office, Board of Supervisors

County Counsel Chief Executive Office Auditor-Controller

**Emergency Medical Services Commission** Hospitals and Health Care Delivery Commission